

STANDARD CERTIFICATE OF DEATH

State File No. **13173**
Registrar's No. **2000**

BIRTH NO. **416153-50** REG. DIST. NO. **817** PRIMARY REG. DIST. NO. **6076**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Gumbo Missouri		c. CITY (If outside corporate limits, write RURAL and give township) Gumbo	
d. FULL NAME OF HOSPITAL OR INSTITUTION Gumbo Missouri		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) Brenda b. (Middle) Ruth c. (Last) Ball		4. DATE OF DEATH (Month) (Day) (Year) Dec. 11 1950	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Nil	8. DATE OF BIRTH July 23, 1950
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		9b. KIND OF BUSINESS OR INDUSTRY ---	
10a. BIRTHPLACE (State or foreign country) Gumbo Missouri.		10b. CITIZEN OF WHAT COUNTRY? U.S.A.	

11a. FATHER'S NAME George Ball		11b. MOTHER'S MAIDEN NAME Alberta Ball		11c. NAME OF HUSBAND OR WIFE	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		13. SOCIAL SECURITY NO. none		14. INFORMANT'S SIGNATURE OR NAME Alberta Ball, W. Gumbo, Mo.	

15. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		16. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia (Bronchial) INTERVAL BETWEEN ONSET AND DEATH 5 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 491X	
17a. DATE OF OPERATION		17b. MAJOR FINDINGS OF OPERATION	

18a. ACCIDENT SUICIDE HOMICIDE (Specify)		18b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		18c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
19d. TIME OF INJURY (Month) (Day) (Year) (Hour)		19e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		19f. HOW DID INJURY OCCUR?	

20. I hereby certify that I attended the deceased from **Dec 9, 1950**, to **Dec 11, 1950**, that I last saw the deceased alive on **Dec 9, 1950**, and that death occurred at **11:45** m., from the causes and on the date stated above.

21. SIGNATURE Henry F. Scott M.D.		21b. ADDRESS Ballwin, Mo.		21c. DATE SIGNED	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE 12/16/50		22c. NAME OF CEMETERY OR CREMATORY Union Baptist Cemetery W. Gumbo, Missouri	

23. DATE REC'D BY LOCAL REG. 12/2/50		23b. REGISTRAR'S SIGNATURE Herbert P. Donhe M.D.		23c. FUNERAL DIRECTOR'S SIGNATURE Gates Funeral Home	
				23d. ADDRESS 4107 Finney Ave	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 4476

P. O. Address 4107 Finney Avenue

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.